

## **Employment and Training Fund Program (ETF)**

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## **The Employment and Training Fund Program (ETF)**

# **Applying for an ETF Grant**

### **Authority**

This request-for-proposal (RFP) is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 383-128 and its administrative rules, § 12-2-6, Hawaii Administrative Rules (HAR). All prospective applicants are charged with the presumptive knowledge of all requirements of such cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### **Purpose**

The purpose of the Employment and Training Fund Program is to assist employers and workers through innovative programs to include, but not limited to, business-specific training, upgrade training, new occupational skills, management skills, and support services to improve the long-term employability of Hawaii's people.

### **Eligibility**

All grant applications must specify a single recipient of program funds and have private sector employer input and approval.

#### **Who Is Eligible to Apply**

Employers, employer groups, and training providers such as those in the following list are eligible to apply for ETF grants.

- Private sector business consortia;
- Industry groups and associations;
- Non-profit organizations; or
- Private sector businesses in partnership with labor organizations or government agencies.

#### **Qualifying Standards**

Applicants must meet the following standards.

- be licensed and accredited, as applicable, under the laws of the state;
- have at least one year's experience with the project in the program area for which the request or proposal is being made, except that the director may grant an exception where the project or program area deals with new industry training;

- be, employ, or have under contract persons who are qualified to engage in the program or activity to be funded by the state;
- demonstrate financial soundness; and
- be current on state and federal tax obligations.

### **Project Guidelines**

- **The project should aggregate a community training need.** After a training need is identified, applicants should identify businesses with similar needs and invite them to participate in project development and benefits.
- **The project should have sufficient justification.** Applicants should show how the proposed training will address a critical business concern. Demand for the proposed training should also be evident.
- **The project should not duplicate or supplant existing community training initiatives.** Proposed training should be non-existent, unavailable in the region (e.g., available on Oahu but not Maui), or inadequate (available, but justifiably does not fit need).
- **The project should be consistent with the long-term goals of the businesses involved.** Proposed training should have a long-term impact on companies and demonstrate how training is consistent with their long-term goals.
- **The project should become self-sufficient.** ETF will provide seed money for initial costs (e.g., curriculum development) which would otherwise prohibit creation of the initiative. The proposal should include a plan to continue training after ETF funds end.
- **The project must have at least 50% dollar or in-kind support.** Partners must commit at least 50 percent of the assistance in dollar and/or in-kind contributions (e.g., administrative oversight time, training facilities).
- **The project must include a detailed, line item budget.** Each cost must be itemized (e.g., contractual services, supplies, mileage) and justified in detail.
- **The project should have clearly defined specific objectives and measurable outcomes.**

### **Program Design**

A participating business has the flexibility to design their programs but must address the following:

- types of training (upgrade, retraining, new skills, capacity building),
- number of employees to be trained,
- length of training (up to one year), and
- qualified training providers.

### **Priorities**

ETF priorities are:

- services to small businesses,
- training in high demand occupations and industries where there are critical skill shortages.
- projects that are designed to be self-sustaining, thereby making education and training an integral part of organizations' mission, and
- training that supports new, expanding, and diversified industries in Hawaii.

### **Acceptable Training Activities**

ETF may fund the following types of training activities:

- business-specific training programs to create a more diversified job base and to carry out the purposes of the new industry training program pursuant to Chapter 394-8, HRS;
- industry or employer-specific training programs where there are critical skill shortages in high growth occupational or industry areas;
- training and retraining programs to assist workers who have become recently unemployed or likely to be unemployed;
- programs to assist residents who do not otherwise qualify for federal or state job training programs to overcome employment barriers; and
- training programs to provide job-specific skills for individuals in need of assistance to improve career employment prospects.

## Frequently Asked Questions

### **General Overview**

*What is the Employment and Training Fund (ETF) Program?*

With the help of the Hawaii State Legislature, the Department of Labor and Industrial Relations (DLIR) created the Employment and Training Fund Program in 1991. It receives funding from an employer assessment of .01% of taxable wages. DLIR has developed many innovative projects through this fund that will continue to provide Hawaii's workers much needed training services.

ETF focuses on maximizing investment returns by aggregating training demand and leveraging resources whenever possible. By working with business associations, consortia, and partnerships, ETF extends training to the broadest audience possible. "Collaboration" should be a key component in all proposals.

*Why is ETF needed?*

In this competitive global economy, Hawaii's businesses are confronted by continuous change. Thus, private/public partnerships are essential in efforts to simultaneously address economic development and workforce development. By meeting critical private sector training needs and improving the workforce skills of Hawaii's people, we can better prepare for the challenges that lie ahead.

*What kind of training can be funded by ETF?*

Primarily employers and individuals determine what types of training are needed. These may include upgrade training, retraining, new skills training, or other capacity building initiatives.

*How can I access ETF services or seek an ETF grant?*

There are three ways to access ETF services or funding: 1) Grant proposals. If an organization wants to apply for a grant, it must complete and submit an application when grant proposal requests are solicited. A *Notice of Funding Availability* will be posted on the State Procurement Office's Procurement Notices System (PNS) website. 2) Employer referrals. Employers can refer their employees for training courses by contacting the Workforce Development Division (WDD) local offices. 3) Referrals of unemployed individuals. Unemployed individuals who otherwise are not qualified for any other federal, state or county training programs can apply for training at local WDD offices.

## **Grant Information**

*When can I submit a grant application?*

ETF accepts applications on a continuous basis. However, it acts on the applications quarterly. This means that the ETF program will have four submission deadlines in the next twelve months: March 31, 2006; June 30, 2006; September 29, 2006; and December 29, 2006.

*Are there limitations on funding by ETF?*

Yes. Training proposals are limited to \$100,000 and one year in length. However, upon annual review, the department may renew projects for an additional year of funding upon application by the training provider, employer, or employer group. Upon good cause shown by the training provider, the director may make exceptions to the above program limitations (§12-2-6, HAR).

ETF will not fund the salaries or wages of trainees nor will it provide moneys for meals, refreshments, or transportation. Administrative costs associated with the project will not be funded beyond 10 percent of the total ETF award.

*Are employers expected to provide funds for the project?*

Yes. Act 248 (2002 Session Laws of Hawaii) requires employers to provide 50% percent of any ETF assistance in cash or in-kind contributions (non-cash contributions, such as use of facilities, equipment, personnel, or office supplies).

*What can I do to ensure that the project proposal submitted will receive strong consideration?*

The three most common deficiencies are in the areas of: needs assessment, sustainability of project after ETF funding ends, and supplanting (the proposed training takes the place of or duplicates existing training). In regard to needs assessment, projects should **document** the need and labor demand for the training offered and the interest of the target population in enrolling in such training. Interest can be documented by letters of support from employers verifying the need for training. Your proposal should have a strong plan for continuing training services after ETF funding ceases. To avoid supplanting, applicants should review in-house training programs and survey local training providers to determine if training services already exist.

## **Application Process**

*How long does the process take after an application is submitted?*

ETF will notify applicants two months after receipt of their proposals as to whether they have been approved (May 31, 2006; August 31, 2006; November 30, 2006; and February 28,

2007;). The applications will be reviewed first by county advisory committees composed of private sector representatives; they will assess whether the proposals meet their respective county's training needs. The ETF administrative staff and all WDD branch managers will conduct the second review of all proposals to determine whether they meet statutory and program requirements. The final decision is made by the director of the Department of Labor and Industrial Relations. A letter of approval will be sent out and ETF will assign a project coordinator to develop the contract with the awardee. ***Project work cannot begin until the contract is fully executed.*** Costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

### **Contract Issues**

*What are some of the preliminary requirements to be met in executing a State contract?*

Applicants will be asked to complete certain actions before a contract can be fully executed. They must:

- submit a state and federal tax clearance form to ETF;
- participate in a pre-award survey conducted by an ETF fiscal officer to determine whether the applicant has the capacity to administer the grant effectively and to meet all State of Hawaii fiscal and administrative requirements;
- prepare a resolution from the governing board of the organization (if applicable) authorizing the executive officer to execute a contract with the Department of Labor and Industrial Relations, State of Hawaii. Signatures must be notarized; and
- obtain signatures of project personnel who will be authorized to draw funds from the ETF grant.

*What are some of the contract conditions and requirements?*

By signing the contract, the applicant agrees to comply with the conditions and requirements listed below. Failure to comply will result in prohibition from applying for an ETF grant for five years from termination date (Section 383-138 of the Hawaii Revised Statutes). A copy of Chapter 383, Sections 128 and 129, Hawaii Revised Statutes, and Title 12, Subtitle 2, Chapter 6 of Hawaii Administrative Rules, which authorize and govern ETF, will be provided upon request. Contractors must:

- comply with all applicable federal, county, and state laws;
- allow the Director, legislative bodies, and legislative auditor full access to records, reports, files, and other related documents;
- avoid conflict of interests;
- maintain program and management information;
- maintain fiscal records in accordance with accepted accounting practices;
- provide program progress, final, and follow-up reports; and

- comply with any other requirement the Director may prescribe.

*Who owns the equipment purchased by the project and curricular materials developed by the project after it ends?*

Under the ETF Agreement, *General Conditions, Section 26, Ownership Rights and Copyright*, any equipment purchased with ETF funds becomes the property of the State of Hawaii after the termination date of the Agreement. Any curricular material or computer software developed by the project is also the property of the State and cannot be copyrighted. If the project continues and its performance is satisfactory, it is usually in the best interest of the State to permit continued use of the equipment and curricular materials for training purposes.

### **ETF PROGRAM: APPLICATION COVER PAGE**

#### **I. APPLICANT AND PROJECT INFORMATION**

Project Name: \_\_\_\_\_

Applicant's Legal Name (Company/Organization) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Applicant: \_\_\_\_\_ For profit organization  
 \_\_\_\_\_ Non-profit organization (attach copy of IRS letter  
 establishing non-profit status)  
 \_\_\_\_\_ State or County Agency  
 \_\_\_\_\_ Labor Organization

Federal Taxpayer Identification Number: \_\_\_\_\_ Geographic Area(s) to be served: \_\_\_\_\_

General Excise Tax Identification Number: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Number of Trainees: \_\_\_\_\_ Cost Per Trainee: \$ \_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_ Cash or In-Kind Contributions: \$ \_\_\_\_\_

#### **Collective Bargaining**

1. Does the project affect employees covered by a collective bargaining agreement? \_\_\_\_ Yes \_\_\_\_ No
2. If yes, is the proposed training consistent with the provisions of that agreement? \_\_\_\_ Yes \_\_\_\_ No

Please place an "X" on each line indicating that each eligibility item has been met (If any of the below is left blank, please explain by attaching your comments):



- \_\_\_\_\_ Business or Organization meets Qualifying Standards.
- \_\_\_\_\_ Training activities include upgrade, retraining, new skills, or capacity building.
- \_\_\_\_\_ Documented collaboration among private sector businesses are included herein.
- \_\_\_\_\_ Verifiable assessment of training needs and demands are included herein.
- \_\_\_\_\_ Request does not supplant (take the place of) or duplicate existing training.
- \_\_\_\_\_ Plan for self-sufficiency is included herein.
- \_\_\_\_\_ At least 50 percent cash or in-kind contributions are included within the budget.

Authorizing Official:

1. Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **II. ELIGIBILITY**

### **QUALIFYING STANDARDS**

- A. Describe the company or organization requesting a training grant including the product(s), or service(s) of the organization and its locations(s).
- B. Describe the organizational structure including:
  - 1) Number of years in existence;
  - 2) Number of years of experience with the project or program area in which proposal is being made (Attach summary of experience or reports).
    - if less than one year, is it a new industry? \_\_\_\_Yes \_\_\_\_No
    - if yes, is an exception being requested? \_\_\_\_Yes \_\_\_\_No
    - if yes, provide justification including reason why one year requirement was not met, and summary of experience in related areas.
- C. Describe qualifications of key personnel including:
  - 1) Project Director
  - 2) Curriculum Developer
  - 3) Instructors
  - 4) Fiscal Person/Accountant
  - 5) Program Evaluator
- D. Project Site:
  - 1) Location of project site (by island if applicable)
  - 2) Location of training site(s)
  - 3) Name of facility (if known)

- E. Licenses and/or accreditation of applicant or training provider (if training is to be subcontracted). If applicable (list only those held by the organization and/or training provider and not those held by individual members).

### **III. ASSESSMENT OF TRAINING NEEDS AND DEMANDS**

Please attach appropriate supporting documentation.

#### **A. Project Need**

- 1) Describe the need for the project. Include results of a needs assessment and show that a demand for the proposed training exists among business, industry and/or the community.
- 2) How were the needs identified (survey, focus groups, other)?
- 3) When was the assessment conducted?
- 4) Identify who was targeted for the survey and/or participated in focus groups?
- 5) In which geographic area(s) were these needs identified?
- 6) What kind of training are available to meet these needs?
- 7) Can these needs be met without ETF funds? If no, describe why not.

#### **B. Collaboration with other Businesses and other Partners**

- 1) Describe collaboration with other businesses and/or organizations.
- 2) Identify the businesses and other partners collaborating on this project and describe role and responsibility of each partner.

### **IV. PROJECT GOALS, OBJECTIVES, AND ACTIVITIES TO BE CARRIED OUT**

Describe (please be specific) the training project implementation plan including:

- A. Project Goals (purpose of the project);
- B. Measurable objectives or outcomes (e.g., describe in terms of numerical goals, deliverables and/or products);
- C. Types of training to be conducted;
- D. Logistics (geographic area(s) where training will be delivered);
- E. Projected number of trainees;
- F. Types of employees targeted for training: owners, supervisors/managers, staff/employees;
- G. Projected number of employers (including projected percentage of businesses with fewer than 25 employees) to benefit;
- H. Other activities to be carried out; and
- I. Plan for self-sufficiency (how will the project be self-supporting and permanent after the grant period).

**V. TIMELINE**

Prior to the end of the contract, training should be completed and a system for continuing the project should be in place. Describe the major activities for each month, including the projected cumulative number of trainees and businesses that will benefit.

**VI. EVALUATION**

- A. Describe how the project will be reviewed, evaluated, and corrective actions taken?
- B. Identify the person(s) or organization responsible for this evaluation and oversight?
- C. How often will the monitoring and evaluation be conducted?
- D. How will self-sufficiency be evaluated after the contract ends?

**VII. BUDGET**

Prepare a detailed line item budget and applicable justifications. (See Budget forms attached).

# PROPOSAL BUDGET

PERIOD \_\_\_\_\_

APPLICANT \_\_\_\_\_ PAGE 1 OF \_\_\_\_\_

I. BUDGET CATEGORIES	BUDGET		C	D
	REQUEST A	ETF B		
<b>A. PERSONNEL COSTS</b>				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
4. SUBTOTAL				
<b>B. OTHER CURRENT EXPENSES</b>				
1. Supplies				
2. Postage, Freight & Delivery				
3. Telephone				
4. Publication & Printing				
5. Mileage				
6. Air Fare (Inter-Island)				
7. Air Fare (Out-of-State)				
8. Subsistence/Per Diem				
9. Taxi/Bus Fare/Rent-A-Car				
10. Lease/Rental of Space				
11. Utilities				
12. Contractual Services				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23. SUBTOTAL				
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. TOTAL (COLUMN A=B+C+D)</b>				
<b>II. REVENUE</b>	XXXXXXXXXXXX	Prepared By		
<b>A. TOTAL CONTRIBUTIONS</b>		Name (Print) Telephone		
1. Cash				
2. In-Kind				
<b>B. ETF</b>		Signature of Authorized Official Date		
<b>C. CONTRACTOR CONTRIBUTIONS</b>				
1. Cash				

<b>2. In-Kind</b>	Name, Title (Print)
Date	
<b>D. OTHER CONTRIBUTIONS</b>	For ETF Use
<b>1. Cash</b>	
<b>2. In-Kind</b>	<b>Signature of Reviewer</b>
	<b>Date</b>
	2/11/98

**PROPOSAL BUDGET**  
**Instructions**

**PERIOD** Enter the contract period by month, day, and year.

**APPLICANT** Enter the organization's legal name.

**PAGE 1 OF \_\_\_\_** Paginate each page and total number of pages (e.g., Page 1 of 10).

**I. BUDGET CATEGORIES**

**BUDGET REQUEST COLUMN A** Enter total budget amounts for each cost item. Use cost principles and budget standards to determine allowable costs.

**ETF COLUMN B** Enter Employment and Training Fund Program (ETF) costs by budget category.

**COLUMN C** Enter CONTRACTOR's name above **C**. Enter its in-kind and cash contributions by budget category.

**COLUMN D** Enter the name of any other contributor to the project above **D**. Enter the amount of its in-kind and cash contributions by budget category.

**LINE A.4, B.23 SUBTOTAL** Enter subtotals of Lines A.1 to A.3 and B.1 to B.22 in columns **A, B, C, and D** (Column **A=B+C+D**).

**LINE C. EQUIPMENT PURCHASE** Enter total budget for equipment purchases in each column as applicable.

**D. TOTAL** Enter the total for columns **A, B, C, and D** (Lines **A.4+B.23+C**).

**II. REVENUE**

**A. TOTAL** Identify funding sources. Enter amounts in columns **A, B, C, and D**, Part I, line **D** to corresponding revenue source items **A, B, C, D**, Part II. Identify **CONTRACTOR CONTRIBUTIONS** as to cash and in-kind in lines **C.1, C.2, D.1, and D.2**.

**B. ETF**

**C. CONTRCTR.**

**D. OTHER** **II.A. TOTAL CONTRIBUTIONS** equals lines **B+C+D**.

**Prepared By** Print name and telephone number of person preparing this Proposal Budget.

**Signature of Authorized Official** Obtain signature of official authorized to enter into contracts and date of signature. Print name and title below signature line.

**For ETF Use**      ETF to complete.



**BUDGET JUSTIFICATION  
PERSONNEL--SALARIES/WAGES**

**PERIOD** \_\_\_\_\_

**APPLICANT** \_\_\_\_\_ **PAGE** \_\_ **OF** \_\_

POSITION NO.	POSITION TITLE	FULL-TIME ANNUAL SALARY A	FULL-TIME EQUIVALENT B	% OF TIME BUDGETED C	TOTAL SALARY BUDGETED AxBxC
<b>TOTAL</b>	<b>XXXXXXXXXXXXXXXXXXXX</b>				
<b>JUSTIFICATION/COMMENTS</b>					



**PERSONNEL--SALARIES/WAGES**  
**Instructions**

<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., Page 2 of 10).
<b>POSITION NO.</b>	Enter each employee's position number.
<b>POSITION TITLE</b>	Enter the official position title for each identified position number.
<b>FULL-TIME ANNUAL SALARY A</b>	Enter each employee's full-time annual salary. If part-time, enter salary calculated on a full-time basis.
<b>FULL-TIME EQUIVALENT B</b>	Enter the full-time equivalent (FTE) of employees (e.g., full time is 1.0; half time is 0.5).
<b>% OF TIME BUDGETED C</b>	Enter the percentage of employees' FTE charged to the budget.
<b>TOTAL SALARY BUDGETED AxBxC</b>	Enter the total salary budgeted by multiplying columns <b>AxBxC</b> .
<b>TOTAL</b>	Enter total of <b>Total Salary Budgeted</b> column.
<b>JUSTIFICATION/ COMMENTS</b>	Explain the need and enter any comments. Use additional sheets, if necessary.

**BUDGET JUSTIFICATION  
PERSONNEL--PAYROLL TAXES, ASSESSMENTS, & FRINGE**

**PERIOD** \_\_\_\_\_

**APPLICANT** \_\_\_\_\_ **PAGE** \_\_ **OF** \_\_

TYPE	BASIS OF FRINGE ASSESSMENTS A	% OF SALARY B	TOTAL ASSESSMENTS BUDGETED C
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>			
1. SOCIAL SECURITY			
2. UNEMPLOYMENT (FEDERAL)			
3. UNEMPLOYMENT (STATE)			
4. WORKERS' COMPENSATION			
5. T.D.I.			
6.			
SUBTOTAL	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	
<b>FRINGE BENEFITS:</b>			
7. HEALTH INSURANCE			
8. RETIREMENT			
9.			
SUBTOTAL	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	
TOTAL	XXXXXXXXXXXXXXXXXXXXX	XXXXXX	
<b>JUSTIFICATION/COMMENTS</b>			



**BUDGET JUSTIFICATION**  
**PERSONNEL--PAYROLL TAXES, ASSESSMENTS, & FRINGE**  
**Instructions**

<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., Page 3 of 10).
<b>BASIS OF FRINGE ASSESSMENTS; % OF SALARY</b>	Enter in Column <b>A</b> the <b>TOTAL SALARY BUDGETED</b> from the <b>BUDGET JUSTIFICATION: PERSONNEL--SALARIES/WAGES</b> as the basis for applying the percentages for each fringe benefit item.
<b>PAYROLL TAXES &amp; ASSESSMENTS: SOCIAL SECURITY; UNEMPLOYMENT INSURANCE; WORKERS' COMPENSATION; TDI</b>	Enter in Column <b>B</b> , <b>% OF SALARY</b> , the % of statutory ceilings for Social Security, Unemployment Insurance, Workers' Compensation, and TDI.
<b>TOTAL ASSESSMENTS BUDGETED</b>	Multiply the <b>BASIS OF FRINGE ASSESSMENTS</b> in Column <b>A</b> by the <b>% OF SALARY</b> in Column <b>B</b> and enter the result in Column <b>C</b> .
<b>SUBTOTAL</b>	Enter the sum of lines 1-6 in Columns <b>A</b> , <b>B</b> , and <b>C</b> .
<b>HEALTH INSURANCE; RETIREMENT</b>	Enter in Column <b>B</b> , <b>% OF SALARY</b> , the percentage applicable for <b>HEALTH INSURANCE</b> and <b>RETIREMENT</b> fringe benefits.
<b>SUBTOTAL</b>	Enter the sum of lines 7-8 in Columns <b>A</b> , <b>B</b> , and <b>C</b> .
<b>TOTAL</b>	Enter the sum of the subtotal of lines 1-6 and lines 7-9.
<b>JUSTIFICATION/ COMMENTS</b>	Explain the need and enter any comments. Use additional sheets, if necessary.

## BUDGET JUSTIFICATION TRAVEL--INTER-ISLAND

PERIOD \_\_\_\_\_

APPLICANT \_\_\_\_\_ PAGE \_\_ OF \_\_

EMPLOYEE NAME & TITLE	DESTINATION/ PURPOSE	NO. OF DAYS	PER DIEM A	AIR FARE B	TAXI/ BUS/CAR C	TOTAL TRAVELA +B+C
1						
2						
3						
4						
5						
6						
7						
8						
<b>TOTAL</b>	XXXXXXXXXXXXXXXXXXXXX					
<b>JUSTIFICATION/COMMENTS</b>						





**BUDGET JUSTIFICATION**  
**TRAVEL--INTER-ISLAND**  
**Instructions**

<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., 4 of 10).
<b>EMPLOYEE NAME &amp; TITLE</b>	Enter name(s) and/or position title(s) of traveler(s).
<b>DESTINATION &amp; PURPOSE</b>	Enter destination and purpose of travel (e.g., training, provision of services, etc.). Travel must be directly related to the contract.
<b>NO. OF DAYS</b>	Enter estimated number of travel days.
<b>PER DIEM A</b>	Enter the amount (per diem rate multiplied by number of travel days). Per diem should be based on the organization's policy and not exceed the maximum allowed by the State of Hawaii.
<b>AIR FARE B</b>	Enter air fare cost. First-class travel is not allowed.
<b>TAXI/BUS/CAR C</b>	Enter estimated cost of ground transportation based on the organization's policy.
<b>TOTAL TRAVEL A+B+C</b>	Add sums entered in columns, <b>A</b> , <b>B</b> , and <b>C</b> for each item.
<b>TOTAL</b>	Enter totals for <b>A</b> , <b>B</b> , and <b>C</b> and <b>TOTAL TRAVEL (A+B+C)</b> . If travel relates to two or more contracts, prorate <b>A</b> , <b>B</b> , and <b>C</b> in accord with State contracting agency's approved cost allocation method.
<b>JUSTIFICATION/ COMMENTS</b>	Explain the need and enter any comments. Use additional sheets, if necessary.

## BUDGET JUSTIFICATION TRAVEL--OUT OF STATE

PERIOD \_\_\_\_\_

APPLICANT \_\_\_\_\_ PAGE \_\_ OF \_\_

EMPLOYEE NAME & TITLE	DESTINATION/ PURPOSE	NO. OF DAYS	PER DIEM A	AIR FARE B	TAXI/ BUS/CAR C	TOTAL TRAVELA +B+C
1						
2						
3						
4						
5						
6						
7						
8						
<b>TOTAL</b>	<b>XXXXXXXXXXXXXXXXXX</b>					
<b>JUSTIFICATION/COMMENTS</b>						

**BUDGET JUSTIFICATION**  
**TRAVEL--OUT-OF-STATE**  
**Instructions**

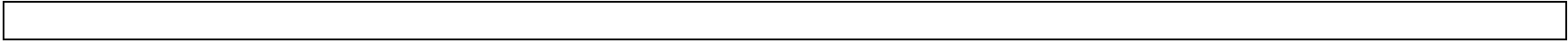
<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., Page 5 of 10).
<b>EMPLOYEE NAME &amp; TITLE</b>	Enter name(s) and/or position title(s) of traveler(s).
<b>DESTINATION &amp; PURPOSE</b>	Enter destination and purpose of travel (e.g., training, provision of services, etc.). Travel must be directly related to the contract.
<b>NO. OF DAYS</b>	Enter estimated number of travel days.
<b>PER DIEM A</b>	Enter the amount (per diem rate multiplied by number of travel days). Per diem shall be based on the organization's policy and not exceed the maximum allowed by the State of Hawaii.
<b>AIR FARE B</b>	Enter the air fare cost. First-class travel is not allowed.
<b>TAXI/BUS/CAR C</b>	Enter estimated cost of ground transportation based on the organization's policy.
<b>TOTAL TRAVEL A+B+TOTAL</b>	Add sums entered in columns <b>A</b> , <b>B</b> , and <b>C</b> for each item. Enter totals for <b>A</b> , <b>B</b> , and <b>C</b> and <b>TOTAL TRAVEL (A+B+C)</b> . If travel relates to two or more contracts, prorate <b>A</b> , <b>B</b> , and <b>C</b> in accord with State contracting agency's approved cost allocation method.
<b>JUSTIFICATION/ COMMENTS</b>	Explain the need and enter any comments. Use additional sheets, if necessary. <u>Prior approval from the State contracting agency is required.</u>

## BUDGET JUSTIFICATION CONTRACTUAL SERVICES

PERIOD \_\_\_\_\_

APPLICANT \_\_\_\_\_ PAGE \_\_ OF \_\_

FIRM/INDIVIDUAL NAME	TOTAL BUDGETED	SERVICES PROVIDED
<b>TOTAL</b>		<b>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</b>
<b>JUSTIFICATION/COMMENTS</b>		



**BUDGET JUSTIFICATION**  
**CONTRACTUAL SERVICES**  
**Instructions**

<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., Page 6 of 10).
<b>FIRM/ INDIVIDUAL NAME</b>	Enter firm's or individual's name being contracted. If unknown at the time of preparation, enter <u>Unknown, to be selected</u> .
<b>TOTAL BUDGETED</b>	Enter projected cost for each line item.
<b>SERVICES PROVIDED</b>	Identify specific service(s) being contracted (e.g., payroll, accounting, occupational therapy, etc.).
<b>TOTAL</b>	Enter the sum of <b>TOTAL BUDGETED</b> . Amount should agree with amount for <b>CONTRACTUAL SERVICES</b> on the <b>PROPOSAL BUDGET</b> .
<b>JUSTIFICATION/ COMMENTS</b>	Explain the need and enter any comments. Use additional sheets, if necessary.

## BUDGET JUSTIFICATION

### INDIRECT COSTS

PERIOD \_\_\_\_\_

**APPLICANT** \_\_\_\_\_ **PAGE** \_\_ **OF** \_\_

[illegible]





**BUDGET JUSTIFICATION**  
**INDIRECT COSTS**  
**Instructions**

- PERIOD** Enter the contract period by month, day, and year.
- APPLICANT** Enter the organization's legal name.
- PAGE \_\_ OF \_\_** Paginate each page and total number of pages (e.g., Page 7 of 10).
- Provide the method used for allocating indirect costs.** Indirect costs are those that remain to be allocated after direct costs have been assigned directly to specific cost objectives. Describe the method used to compute indirect costs and to allocate allowable costs.
- A Federal government approved indirect cost rate may be used subject to review and acceptance by the State Department of Labor and Industrial Relations. Submit a copy of the Indirect Cost Negotiation Agreement for consideration.
- Expect delay in the approval of the Budget in the absence of a predetermined Indirect cost at the time the Proposal Budget is submitted.

## BUDGET JUSTIFICATION

### OTHER COSTS

**PERIOD** \_\_\_\_\_

APPLICANT _____	PAGE
-----------------	------

\_\_ **OF** \_\_

DESCRIPTION A	AMOUNT BUDGETED B	JUSTIFICATION C
TOTAL		XX
COMMENTS		



**BUDGET JUSTIFICATION**  
**OTHER COSTS**  
**Instructions**

<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., Page 10 of 10). Submit as many pages as necessary.
<b>DESCRIPTION</b>	Identify in Column <b>A</b> the budget line item individually as described in the <b>PROPOSAL BUDGET</b> . Do not group by category titles.
<b>AMOUNT BUDGETED</b>	Enter in Column <b>B</b> the dollar amount of each budget line item.
<b>JUSTIFICATION</b>	Explain in Column <b>C</b> the <b>JUSTIFICATION</b> of need for each item, including the unit of measurement as a basis for calculation (i.e., unit cost x number of pieces, rate per hour x number of hours, rate per mile x number of miles, etc.).
<b>TOTAL</b>	Add each line item cost and enter total.
<b>COMMENTS</b>	Enter additional comments. Use additional sheets, if necessary.

## BUDGET JUSTIFICATION EQUIPMENT PURCHASES

PERIOD \_\_\_\_\_

APPLICANT \_\_\_\_\_ PAGE \_\_ OF \_\_

DESCRIPTION	NO. OF UNITS	COST PER UNIT	TOTAL COST (\$)	TOTAL BUDGETED (\$)	JUSTIFICATION
<b>TOTAL</b>	<b>XXXX</b> <b>XXXX</b>	<b>XXXX</b> <b>XXXX</b>			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
<b>COMMENTS</b>					



**BUDGET JUSTIFICATION**  
**EQUIPMENT PURCHASES**  
**Instructions**

<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., Page 9 of 10).
<b>DESCRIPTION</b>	Identify the type and, if known, make and model number of equipment to be purchased.
<b>NO. OF UNITS</b>	Enter the number of unit(s) to be purchased.
<b>COST PER UNIT</b>	Enter the estimated cost for each unit.
<b>TOTAL COST</b>	Enter the total cost for each type of equipment by multiplying number of units by cost per unit.
<b>TOTAL BUDGETED</b>	Enter equipment cost by line item. This amount should be the same as <b>BUDGET CATEGORY C. EQUIPMENT PURCHASES</b> in the <b>PROPOSAL BUDGET</b> .
<b>JUSTIFICATION</b>	Explain the need for each item.
<b>COMMENTS</b>	Enter explanations or comments. Use additional sheets, if necessary.

**BUDGET JUSTIFICATION  
CASH & IN-KIND CONTRIBUTIONS**

**PERIOD** \_\_\_\_\_

**APPLICANT** \_\_\_\_\_ **PAGE** \_\_ **OF** \_\_

<b>DESCRIPTION</b>	<b>AMOUNT BUDGETED</b>	<b>JUSTIFICATION</b>
<b>A</b>	<b>B</b>	<b>C</b>
<b>TOTAL</b>		<b>XX</b>
<b>COMMENTS</b>		



**BUDGET JUSTIFICATION**  
**CASH & IN-KIND CONTRIBUTIONS**  
**Instructions**

<b>PERIOD</b>	Enter the contract period by month, day, and year.
<b>APPLICANT</b>	Enter the organization's legal name.
<b>PAGE __ OF __</b>	Paginate each page and total number of pages (e.g., Page 10 of 10). Submit as many pages as necessary.
<b>DESCRIPTION</b>	Identify in Column A the budget line item individually as described in the <b>PROPOSAL BUDGET</b> . Do not group by category titles.
<b>AMOUNT BUDGETED</b>	Enter in Column B the dollar amount of each budget line item.
<b>JUSTIFICATION</b>	Explain in Column C the <b>JUSTIFICATION</b> of need for each item, including the unit of measurement as a basis for calculation (i.e., unit cost x number of pieces, rate per hour x number of hours, rate per mile x number of miles, etc.).
<b>TOTAL</b>	Add each line item cost and enter total.
<b>COMMENTS</b>	Enter additional comments. Use additional sheets, if necessary.

## Employment and Training Fund Program

### Review Criteria

<b>I. Capacity to Implement Proposal (10 Points)</b>	
Does the organization applying have the necessary staffing, experience and capability to undertake the project?	
Does the applicant have access to facilities and equipment suitable for the services being offered?	
Does the training provider have the necessary qualifications and expertise to conduct the training?	
<b>II. Assessment of Training Needs (20 Points)</b>	
Does the proposal clearly describe the problem or need to be addressed?	
Is the proposal based on a collaborative agreement among training providers, employers, or other organizations to benefit an industry, a group of businesses, a geographic area, or a specified group of persons or workers.	
Will the employment and training concerns of small businesses be addressed?	
Does the proposal identify problems and needs particular to specific geographic areas?	
Are the training needs validated by input from the targeted area?	
<b>III Goals and Objectives (20 Points)</b>	
Are the proposed objectives realistic and achievable?	
Does the proposal have measurable, results-oriented objectives related to the stated problem/need?	
Does the project demonstrate the ability to be self-supporting after ETF funding ceases?	
Does the proposal extend services to as many employers and workers as possible?	
Does the proposal target small businesses?	
<b>IV. Delivery of Training and Other Activities (25 Points)</b>	
Is the method of service delivery appropriate to meet project goals and to achieve training objectives for the targeted population/geographic area?	
Are capacity-building activities related to training objectives?	
Does the proposal clearly describe the training process from beginning to end?	

<b>V. Timeline (10 points)</b>	
Does it appear that the applicant will be able to meet projected goals and objectives as stated?	
Is the timeline realistic and consistent with desired outcomes?	
Is the proposed schedules responsive to the target population?	
<b>VI. Evaluation (5 points)</b>	
Does the proposal have a plan for evaluation?	
Does the proposal prescribe a method of evaluating effectiveness of services and accomplishments of objectives?	
Has the proposal incorporated a process for reviewing progress, then making improvements or taking corrective actions based on results?	
Has the proposal included a plan for evaluating the self-sufficiency of the project after the contract ends?	
<b>VII. Budget (10 points)</b>	
Is the applicant/training provider financially capable of providing the services?	
Does the budget clearly describe program costs?	
Are program costs reasonable and appropriate?	
Does the budget show a significant amount of matching funds in the form of cash or in-kind support as compared to the total ETF funds requested?	
Do salaries appear comparable to similar positions in the community?	